

DEDUCTIONS EFFECTIVE JANUARY 1, 2019

		MONTHLY PREMIUM	ADMIN. FEE	TOTAL MONTHLY PREMIUM
DELTA DENTAL PREMIER PPO - \$1,600 ANNUAL MAXIMUM				
For CCHP Alternate A Plan	Employee	\$44.17	\$0.00	\$44.17
	Employee + 1	\$99.49	\$0.00	\$99.49
	Family + 2 or more	\$99.49	\$0.00	\$99.49
For CalPERS Health Plans	Employee	\$44.17	\$0.00	\$44.17
	Employee + 1	\$99.49	\$0.00	\$99.49
	Family + 2 or more	\$99.49	\$0.00	\$99.49
Without a Health Plan	Employee	\$44.17	\$3.22	\$47.39
	Employee + 1	\$99.49	\$3.22	\$102.71
	Family + 2 or more	\$99.49	\$3.22	\$102.71
DELTA CARE (HMO)				
For CCHP Alternate A Plan	Employee	\$29.06	\$0.00	\$29.06
	Employee + 1	\$62.81	\$0.00	\$62.81
	Family + 2 or more	\$62.81	\$0.00	\$62.81
For CalPERS Health Plans	Employee	\$29.06	\$0.00	\$29.06
	Employee + 1	\$62.81	\$0.00	\$62.81
	Family + 2 or more	\$62.81	\$0.00	\$62.81
Without a Health Plan	Employee	\$29.06	\$3.22	\$32.28
	Employee + 1	\$62.81	\$3.22	\$66.03
	Family + 2 or more	\$62.81	\$3.22	\$66.03